

35. *Hemorrhage from the Bowels in Children as a Sign of Polypus of the Rectum.*—Mr. BRYANT, Assistant Surgeon to Guy's Hospital, makes (*Lancet*, Nov. 26, 1859) some interesting remarks on this subject, and relates several illustrative cases. The connection between hemorrhage from the bowels in children and the existence of polypus of the rectum is very constant. In the majority of cases which Mr. B. has observed, he says "the disease has existed for many months; they have all occurred in children under ten years, and in most the disease has been regarded and treated for piles. In some cases the discharge of blood from the bowel is constant, and the patient will be brought with its clothes stained, and its buttocks smeared with a bloody mucus. In these instances the polypus will generally be found to be within, if not protruding from, the sphincter. In other examples, occasional discharges of blood will be observed, although not to any very great extent, and this discharge will generally accompany and follow the act of defecation. In others, again, the hemorrhage will take place independently of any such process. There will generally be some straining after stool, but I have never observed any prolapse of the rectum; and although this disease is troublesome to the child, and of course debilitating, by the repeated, if not constant hemorrhage, when once recognized it is easily treated, and rapidly cured."

"The recollection," Mr. B. remarks, "that such a disease is not uncommon, and that it is always associated with hemorrhage from the bowel, should at once lead the surgeon to examine the part with his finger, when the growth will probably be easily detected. It is generally situated about one to two inches up the bowel, and will be found to vary from the size of a pea to that of a large nut. In some cases more than one will be present; they are always very movable, and easily slip away from the finger upon anything like pressure; and, at times, some little difficulty is experienced in fixing them for removal. Such a practice is the only correct treatment, being invariably followed by a successful result. It may be done by means of forceps or ligature; and in many cases I have broken the polypus off its attachment by hooking my finger round its pedicle. No bad result has ever followed. The pedicle is always very slender, although it may be an inch or more in length."

"The structure of the polypus is very simple, microscopically presenting the ordinary characters of the fibro-cellular growths. After removal, no subsequent treatment is required, and recovery may confidently be expected; the rectum, however, should be carefully examined, so that a second polypus be not overlooked."

"I have thus briefly brought this small but not unimportant subject before the notice of the profession, feeling confident that the existence of polypus of the rectum is not so uncommon as is generally believed, and that such an affection is usually mistaken and treated for piles. In children, the presence of bleeding from the rectum should at once lead the practitioner to suspect the existence of a polypus; and, when detected, its removal is the only correct treatment. I have never had an opportunity of seeing a child suffering from piles, and believe that cases so described are generally mistaken, and that, in reality, they are cases of the disease now under consideration."

36. *Deodorization of Foul Ulcers.*—Mr. WEEDEN COOKE, at a meeting of the Medical Society of London (Oct. 24), referred to the sulphate of lime and coal tar which has lately been much used and extolled in the French and Italian hospitals for the purpose of cleansing foul and sloughing ulcers. He had himself employed it, and thought that its virtues and advantages were much overrated; that it sometimes produced more irritation in the part than was desirable, and that it was less convenient in application than other equally effective cleansing remedies, whilst it was far inferior in value in sloughing ulcers to that combination of the manganate and permanganate of potash called "manganese cum potassâ." A distinction should be drawn between ulcers secreting unhealthy pus which rapidly decomposed, and ulcers that were foul because of sloughing tissue which would not readily come away. In the former class the chlorate of potash lotion was the neatest and most effective agent in cleansing the ulcers, and rapidly neutralizing the smell by the amount of oxygen which was contained

in the salt. The carrot poultice, the charcoal poultice, and chloride of lime were also very useful in this form of foul ulcers, but none of these was thoroughly effective in foul sloughing ulcers. In these the root of the slough must be destroyed by some caustic application, and this was best effected by the application of manganese cum potassâ upon a small piece of lint the size of the slough. It is very quick in its action; in the course of twenty-four hours the slough generally came away, and with it all the foul odour which had previously been so offensive and injurious, not only to the patient, but to all whose duty it was to be in attendance.

In the discussion which ensued, various applications were mentioned by different speakers, such as charcoal, nitric acid, the tincture of perchloride of iron, lemon-juice, &c. The tincture of the perchloride of iron produced so much pain that the French surgeons in the Crimea had reported against its use. Lemon-juice and nitric acid, diluted according to the circumstances appertaining to the condition and the nature of the sore, were found to be the most efficacious; and Dr. James Bird remarked, that the experience of the French surgeons coincided with his own. When in India, he had found the application of nitric acid, properly diluted, to be the most effective of all remedies, both in hospital gangrene and offensive ulcers.—*Lancet*, Oct. 29, 1859.

37. *Corns on the Sole of the Foot*.—MR. HOLMES COOTE calls attention (*Lancet*, Dec. 10, 1859) to the treatment of corns on the sole of the foot. The pain attending these is so great that patients are sometimes unable to walk or stand. Mr. Erichsen notices it in his work on surgery. "It is usually," he says, "of small size and round in shape, the neighbouring cuticle being always greatly thickened and hardened. It is extremely sensitive to the touch, the patient shrinking when it is pressed upon, as if an exposed nerve had been injured. On slicing it down with a scalpel, it will be found to be composed of soft, tough, and white epidermis, arranged in tufts or small columns, in the centre of each of which a minute black dot is perceptible. Each tuft appears to be an elongated and thickened papilla, and the black speck is a small point of coagulated blood which has been effused into it. Around the depressions in which each of these corns is seated the hardened cuticle forms a kind of wall."—p. 439.

Mr. Coote has known ulceration to occur in this morbid structure, when a deep and foul sore, excessively sensitive, is formed. It may be healed by rest, but it recurs when the patient resumes the usual habits.

"Now the cause of these corns will generally be found," Mr. C. says, "to proceed from a tense condition of some of the important tendons, that most frequently affected being the tendo-Achillis. When it is so contracted, the foot cannot be raised beyond a right angle; and it follows that the weight of the body is unduly thrown on the fore part of the sole of the foot, where the corn speedily forms. The contraction of the tendon may be so slight as to need careful examination for its detection; but so long as it exists the cause of the corn remains, and it will be found that any other measure, less than the division of the tendon, will be only palliative. The subcutaneous division of the tendon, its elongation, and the restoration of the foot to its normal bearings, must be conducted on the usual principles of orthopedic surgery. The practice has been adopted many years at the Orthopedic Hospital; but it is not so generally known as, in my opinion, is desirable."

OPHTHALMOLOGY.

38. *Intra-Ocular Hemorrhage consecutive to the Operation for Cataract by Extraction*.—JAS. G. HILDIGE relates (*Dublin Hospital Gaz.*, Nov. 15th, 1859) the following case of this accident:—

"Mary H—, aged 65, widow, applied at the Eye Dispensary, Mecklenburgh Street, affected with complete lenticular cataract of both eyes. As the retinae